

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
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44						
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46						
47						
48						
49						
50	1					
TOTAL IND.	7		7		7	
TOTAL DEP.	16		16		16	
TOTAL CLAIMS	23		23		23	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.			7		7	
TOTAL DEP.			16		16	
TOTAL CLAIMS			23		23	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS